

*Depend on our people. Count on our advice.SM*

Received & Inspected

JUN 30 2014

FCC Mail Room

June 30, 2014

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 359044, IA, Community Digital Wireless, LLC
Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Community Digital Wireless, LLC, MN, SAC 359044 is filing its Form 481 High Cost and Low-Income Annual Report.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

A handwritten signature in black ink that reads 'Tom W. Campbell'.

Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies)

No. of Copies rec'd 0+1
List ABCDE

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	359044
<015> Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	6516218511 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

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ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 3590441a510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 3590441a610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 33590441a1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
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July 2013

<010>	Study Area Code	359044
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

[illegible]

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July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	359044
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<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
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<020> Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<810>	Reporting Carrier	Community Digital Wireless
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359044
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<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://www.iwireless.com/support/customer-service/lifeline.aspx>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359044
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

☐
☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 359044
<015> Study Area Name COMMUNITY DIGITAL WIRELESS, LLC
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030> 6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@ctcpas.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
(3023) Underlying information subjected to a review by an independent certified public accountant ☐
(3024) Underlying information subjected to an officer certification. ☐
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0919 July 2013
---	--

<010> Study Area Code	359044
<015> Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tom Campbell</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Tom Campbell
Name of Reporting Carrier:	COMMUNITY DIGITAL WIRELESS, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/19/2014
Printed name of Authorized Officer:	David Byers
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	5635392122 ext.
Study Area Code of Reporting Carrier:	359044 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COMMUNITY DIGITAL WIRELESS, LLC
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/19/2014
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	6516218511 ext.
Study Area Code of Reporting Carrier:	359044 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

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July 2013

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<035> Contact Telephone Number - Number of person identified in data line <030> 6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com

<701> Residential Local Service Charge Effective Date 1/1/2014
<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA			FR	40.0	0.0	0.0	0.0	40.0
IA			FR	50.0	0.0	0.0	0.0	50.0
IA			FR	65.0	0.0	0.0	0.0	65.0
IA			FR	75.0	0.0	0.0	0.0	75.0
IA			FR	50.0	0.0	0.0	0.0	50.0
IA			FR	30.0	0.0	0.0	0.0	30.0
IA			FR	10.0	0.0	0.0	0.0	10.0
IA			FR	7.0	0.0	0.0	0.0	7.0
IA			FR	12.0	0.0	0.0	0.0	12.0
IA			FR	22.0	0.0	0.0	0.0	22.0
IA			FR	35.0	0.0	0.0	0.0	35.0
IA			FR	65.0	0.0	0.0	0.0	65.0
IA			FR	8.0	0.0	0.0	0.0	8.0
IA			FR	14.0	0.0	0.0	0.0	14.0
IA			FR	26.0	0.0	0.0	0.0	26.0
IA			FR	7.5	0.0	0.0	0.0	7.5
IA			FR	9.0	0.0	0.0	0.0	9.0
IA			FR	25.0	0.0	0.0	0.0	25.0
IA			FR	7.0	0.0	0.0	0.0	7.0
IA			FR	13.0	0.0	0.0	0.0	13.0
IA			FR	23.0	0.0	0.0	0.0	23.0

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

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<701> Residential Local Service Charge Effective Date 1/1/2014
<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA			FR	42.0	0.0	0.0	0.0	42.0
IA			FR	40.0	0.0	0.0	0.0	40.0
IA			FR	28.5	0.0	0.0	0.0	28.5
IA			FR	74.0	0.0	0.0	0.0	74.0
IA			FR	10.0	0.0	0.0	0.0	10.0
IA			FR	18.0	0.0	0.0	0.0	18.0
IA			FR	32.0	0.0	0.0	0.0	32.0
IA			FR	55.0	0.0	0.0	0.0	55.0
IA			FR	95.0	0.0	0.0	0.0	95.0
IA			FR	45.0	0.0	0.0	0.0	45.0
IA			FR	70.0	0.0	0.0	0.0	70.0
IA			FR	9.5	0.0	0.0	0.0	9.5
IA			FR	17.5	0.0	0.0	0.0	17.5
IA			FR	31.0	0.0	0.0	0.0	31.0
IA			FR	52.0	0.0	0.0	0.0	52.0
IA			FR	9.0	0.0	0.0	0.0	9.0
IA			FR	17.0	0.0	0.0	0.0	17.0
IA			FR	29.0	0.0	0.0	0.0	29.0
IA			FR	50.0	0.0	0.0	0.0	50.0
IA			FR	11.0	0.0	0.0	0.0	11.0
IA			FR	20.0	0.0	0.0	0.0	20.0

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359044
<015>	Study Area Name	COMMUNITY DIGITAL WIRELESS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

[illegible]

SAC: 359044

State: IA

Community Digital Wireless

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Community Digital Wireless certifies that it has complied with these requirements and will continue to comply with these requirements.

Community Digital Wireless is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

SAC: 359044

State: IA

Community Digital Wireless

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Community Digital Wireless certifies that it has complied with these requirements and will continue to comply with these requirements.

- Community Digital Wireless has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 359044

State: IA

Community Digital Wireless

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On March 20, 2014 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 14-384. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$46.96. 9

9. Id. at 17694, para. 84.”

As required Community Digital Wireless hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$46.96.

SAC: 359044

State: IA

Community Digital Wireless

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s). Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up Telephone installation benefits.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit www.fcc.gov/lifeline or www.usac.org